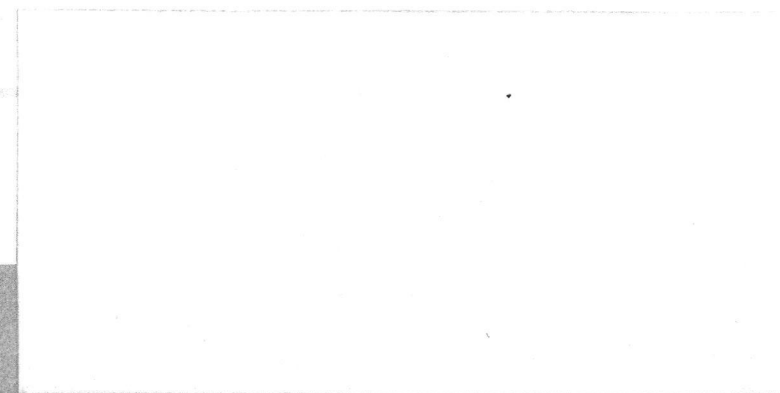




U.S. Environmental Protection Agency

Contract No. 68-W4-0004



**RCRA Enforcement, Permitting, and
Assistance Contract—EPA Zone III**



Tetra Tech EM Inc.



R00110449

RCRA RECORDS CENTER



Printed on recycled paper

REC'D

DEC 15 1998

RESP

**IOWA SCREENING INSPECTION
SMITHWAY MOTOR XPRESS, INC.
IAD062776083
2031 QUAIL AVENUE
FORT DODGE, IOWA 50501**

Prepared for:

**U.S. ENVIRONMENTAL PROTECTION AGENCY
Region 7
Kansas City, Kansas 66101**

Work Assignment Number	: R07047
EPA Region	: 7
Date Inspected	: July 23, 1998
Date Prepared	: November 20, 1998
Contract Number	: 68-W4-0004
EPA Work Assignment Manager	: Alma Moreno Lahm
Telephone Number	: (913) 551-5232
Prepared By	: Tetra Tech EM Inc.
Tetra Tech Project Manager	: Andrew Mazzeo
Telephone Number	: (913) 495-3940

RECEIVED

NOV 23 1998

ARCM/ENSV

IAD 6277683

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

Facility Name <i>Smithway Motor Xpress, Inc.</i>	
Facility Address <i>2031 Quail Ave. , Fort Dodge, IA. 50501</i>	
Inspector (print) <i>Bryce T Byrne</i>	
U.S.EPA, Region VII, ENSV Division, 25 Funston Road, Kansas City, KS 66115	Date <i>7/23/98</i>

The United States Environmental Protection Agency (EPA) is obligated, under the Freedom of Information Act, to release information collected during inspections to persons who submit requests for that information. The Freedom of Information Act does, however, have provisions that allow EPA to withhold certain confidential business information from public disclosure. To claim protection for information gathered during this inspection you must request that the information be held CONFIDENTIAL and substantiate your claim in writing by demonstrating that the information meets the requirements in 40 CFR 2, Subpart B. The following criteria in Subpart B must be met:

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. No statute specifically requires disclosure of the information.
3. Disclosure of the information would cause substantial harm to your company's competitive position.

Information that you claim confidential will be held as such pending a determination of applicability by EPA.

I have received this Notice and <u>DO NOT</u> want to make a claim of confidentiality at this time.	
Facility Representative Provided Notice (print) <i>DOUGLAS D. MAXSON</i>	Signature/Date <i>[Signature]</i> 7/23/98

I have received this Notice and <u>DO</u> want to make a claim of confidentiality.	
Facility Representative Provided Notice (print)	Signature/Date

Information for which confidential treatment is requested:

RCRA SCREENING INSPECTION CHECKLIST

NOV Issued by EPA Personnel: () Yes () No (☒) N/A - Not Applicable EPA personnel not present at time of inspection

I. INITIAL INFORMATION

A. Facility Name: Smithway Motor Express Inc. EPA I.D. #: IAD062776083
Address: 2031 Quail Ave Date/Time: 7/23/98 0900
Fort Dodge, IA 50501 Phone #: (515) 576-7418
B. Activity #: _____ Inspector Name/Title: Dwight Tobyn, Tetra Tech EM Inc.
C. Initial Drive-By; Obvious Concerns, Observations, or Questions: (☒) No () Yes; Describe: _____

D. Facility Representatives:

Titles:

Douglas Maxson Safety Manager

E. Introduction:

(☒) Credentials/I.D. (☒) Purpose (☒) Authority (Sec 3007 RCRA) (☒) Scope (☒) CBI Explanation
(☒) Collection of Correct and Accurate Information (Sec 1001/1002 U.S.C.)

F. Access Granted: (☒) Yes () No; Obtain Name, Time and Reason: _____

G. Type of Facility: () Federal () State () County () City (☒) Private

H. Obtained GPS Reading: (☒) Yes () No

I. Any Previous Contact With Federal/State Environmental Regulators? (☒) No () Yes; Describe: Not in last
year, prior to that time - unknown

J. Description of Facility Operations: Over-the-road truckline corporate
headquarters. Maintenance shop, change oil in company-
owned trucks, paint booth for painting truck parts,
air conditioning repair on trucks, truck wash, refuel trucks.
Located here since 1956. 200 shop and office employees,
500 drivers, shop open 24 hrs/day M-F, 12 hrs on
Sat., 10-6 on Sunday. Haul freight only from
manufacturers to destination. Does not operate a
freight terminal.

II. WASTE STREAMS

A. Complete the Top Portion of a Waste Stream Data Sheet for Each Waste Stream. Provide specific details.

III. VISUAL INSPECTION

A. Complete a Waste Management Area Data Sheet for Each Waste Management Area That is Visually Inspected.

IV. DETERMINATION OF REGULATORY STATUS

() Non Handler () Conditionally Exempt Small Quantity Generator (☒) Small Quantity Generator () Large Quantity Generator

() TSD; Describe: _____

() Other; Describe: _____

V. WASTE STREAMS

A. Complete the Bottom Portion of the Data Sheet for Each Waste Stream.

VI. EXIT BRIEFING

(☒) CBI Forms Completed (☒) Findings and Observations Summarized for the Facility Officials

NOV Issued by EPA Personnel : () Yes () No (☒) N/A - Not Applicable

() If NOV Issued, Explanation of All Violations Cited and the Need to Respond Within 10 Days

(☒) Explanation That This is a Screening Only, Does Not Cover All Requirements, and that a Full CEI May Be Conducted in the Future

Left Compliance Assistance Information: () No (☒) Yes; Describe: Notification form and handbook,

generator handbook, P2 information

VII. SIGNIFICANT COMMENTS AND OBSERVATIONS:

Lisa Wilton, Tetra Tech EM Inc., was also present during
the inspection. The facility buys new trucks on a regular
basis, thus avoiding major engine overhauls. The facility
is clean and neat.

VII. Continued: _____

Inspector: Byron L. TohpeTitle: Environmental Scientist, Tetra Tech, Inc.Date: 7/28/98VIII. SCREENING CONCLUSIONS (To Be Completed By EPA Employee Only)☐ Full CEI Not Necessary☐ Unsure Whether Full CEI Is Necessary☐ After Screening, Consulted With Other Team Members; List: _____Decision: ☐ Will Do Full CEI ☐ Will Not Do a Full CEI

If a Full CEI is Conducted as a Followup to this Screening, Remember to Include This Completed Checklist As a Report Attachment.

EPA Personnel: _____

Title: _____

Date: _____

WASTE STREAM DATA SHEET

Name of Waste Stream: Parts washer solvent (Naphtha)
 Generation Process (Detailed): Generated from cleaning ^{four} ~~one~~ parts washers

Waste Generation Amount and Frequency: 20 gal. / mo.

Waste Classification by Facility: () Uncertain or Not Done () Non-Hazardous (☒) Hazardous; Codes: D001

Waste Identification/Determination by: (☒) Process/Product Knowledge () Testing () Not Completed by Facility

Describe (MSDS, Product Labels, Test Results, Etc.): MSDS

Current Waste Management and Disposal Practices: Mixed with used oil and picked up by used oil transporter. Used oil generation rate is about 3500 gal. / year.

Past (Go Back At Least 5 Years) Waste Management and Disposal Practices: Same

Does Facility Have Any Shipping Records or Manifests for Off-Site Disposal? () No (☒) Yes; Describe Used oil shipping records to JEBRO

Does Waste Seem to be Properly Classified? (☒) Yes () No; Description of Problem: _____

Were Photocopies Collected As Documentation? (☒) No () Yes: _____

Screening Questions for the Above Waste Stream

Does Improper or Inadequate Waste Determination Result In Real or Potential Harm to the Environment?
 <Significance Based on Amount of Waste, Type of Potential Contamination, and Current Method of Handling/Disposal>
 (☒) N/A () No () Unsure () Yes -----> CONDUCT FULL CEI

Has There Been a Failure to Use a Manifest for Off-Site Shipment(s)? (If Required)
 () N/A (☒) No () Unsure () Yes -----> CONDUCT FULL CEI

Has There Been Any Illegal or Improper Off-Site Disposal? (If a Hazardous Waste)
 () N/A (☒) No () Unsure () Yes -----> CONDUCT FULL CEI

Has There Been Any Illegal or Improper On-Site Disposal? (If a Hazardous Waste)
 () N/A (☒) No () Unsure () Yes -----> CONDUCT FULL CEI

Has There Been Any Regulated On-Site Treatment of Hazardous Waste Without a Permit?
 () N/A (☒) No () Unsure () Yes -----> CONDUCT FULL CEI

Any Significant Storage Over Allowable Limits? (If a Hazardous Waste)
 <Significance Based on Type and Amount of Waste, As Well As Time Exceedence>
 () N/A (☒) No () Unsure () Yes -----> CONDUCT FULL CEI

WASTE STREAM DATA SHEET

Name of Waste Stream:

Paint Waste and Thinner

Generation Process (Detailed):

Generated from cleaning spray paint guns.

Waste Generation Amount and Frequency:

20-25 gal./mo average month sometimes up to 55 gal.

Waste Classification by Facility:

☐ Uncertain or Not Done ☐ Non-Hazardous ☒ Hazardous; Codes: D001, F003, F005

Waste Identification/Determination by:

☒ Process/Product Knowledge ☐ Testing ☐ Not Completed by Facility

Describe (MSDS, Product Labels, Test Results, Etc.):

MSDS

Current Waste Management and Disposal Practices:

Picked up by W.J. Supplier and transported to WRR Environmental Services Co. Eau Claire, WI 54701

Past (Go Back At Least 5 Years) Waste Management and Disposal Practices:

SameDoes Facility Have Any Shipping Records or Manifests for Off-Site Disposal? ☐ No☒ Yes; Describe Manifests

Does Waste Seem to be Properly Classified?

☒ Yes ☐ No; Description of Problem:

Were Photocopies Collected As Documentation?

☒ No ☐ Yes:

Screening Questions for the Above Waste Stream

Does Improper or Inadequate Waste Determination Result In Real or Potential Harm to the Environment?

<Significance Based on Amount of Waste, Type of Potential Contamination, and Current Method of Handling/Disposal>

☒ N/A ☐ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

Has There Been a Failure to Use a Manifest for Off-Site Shipment(s)? (If Required)

☐ N/A ☒ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

Has There Been Any Illegal or Improper Off-Site Disposal? (If a Hazardous Waste)

☐ N/A ☒ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

Has There Been Any Illegal or Improper On-Site Disposal? (If a Hazardous Waste)

☐ N/A ☒ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

Has There Been Any Regulated On-Site Treatment of Hazardous Waste Without a Permit?

☐ N/A ☒ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

Any Significant Storage Over Allowable Limits? (If a Hazardous Waste)

<Significance Based on Type and Amount of Waste, As Well As Time Exceedence>

☐ N/A ☒ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

WASTE STREAM DATA SHEET

Name of Waste Stream:

Paint filters

Generation Process (Detailed):

Generated from changing filters in the paint booth.

Waste Generation Amount and Frequency:

3-4 lbs/week

Waste Classification by Facility:

☐ Uncertain or Not Done ☒ Non-Hazardous ☐ Hazardous; Codes:

Waste Identification/Determination by:

☒ Process/Product Knowledge ☐ Testing ☐ Not Completed by Facility

Describe (MSDS, Product Labels, Test Results, Etc.):

MSDS - all trucks are painted light blue, no hazardous metals listed as ingredients in the paint.

Current Waste Management and Disposal Practices:

Sanitary landfill

Past (Go Back At Least 5 Years) Waste Management and Disposal Practices:

Some

Does Facility Have Any Shipping Records or Manifests for Off-Site Disposal?

☒ No ☐ Yes; Describe

Does Waste Seem to be Properly Classified?

☒ Yes ☐ No; Description of Problem:

Were Photocopies Collected As Documentation?

☒ No ☐ Yes:

Screening Questions for the Above Waste Stream

Does Improper or Inadequate Waste Determination Result In Real or Potential Harm to the Environment?

<Significance Based on Amount of Waste, Type of Potential Contamination, and Current Method of Handling/Disposal>

☒ N/A ☐ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

Has There Been a Failure to Use a Manifest for Off-Site Shipment(s)? (If Required)

☒ N/A ☐ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

Has There Been Any Illegal or Improper Off-Site Disposal? (If a Hazardous Waste)

☒ N/A ☐ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

Has There Been Any Illegal or Improper On-Site Disposal? (If a Hazardous Waste)

☒ N/A ☐ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

Has There Been Any Regulated On-Site Treatment of Hazardous Waste Without a Permit?

☒ N/A ☐ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

Any Significant Storage Over Allowable Limits? (If a Hazardous Waste)

<Significance Based on Type and Amount of Waste, As Well As Time Exceedence>

☒ N/A ☐ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

WASTE STREAM DATA SHEET

Name of Waste Stream: Used oilGeneration Process (Detailed): Generated from charging oil in truck engine.Waste Generation Amount and Frequency: 3500 gal./yearWaste Classification by Facility: () Uncertain or Not Done () Non-Hazardous ☒ Hazardous: Codes: B&TWaste Identification/Determination by: ☒ Process/Product Knowledge () Testing () Not Completed by FacilityDescribe (MSDS, Product Labels, Test Results, Etc.): MSDSCurrent Waste Management and Disposal Practices: Picked up by used oil transporterPast (Go Back At Least 5 Years) Waste Management and Disposal Practices: SameDoes Facility Have Any Shipping Records or Manifests for Off-Site Disposal? () No ☒ Yes: Describe Used oilShipping PapersDoes Waste Seem to be Properly Classified? ☒ Yes () No: Description of Problem: _____Were Photocopies Collected As Documentation? ☒ No () Yes: _____

Screening Questions for the Above Waste Stream

Does Improper or Inadequate Waste Determination Result In Real or Potential Harm to the Environment?
<Significance Based on Amount of Waste, Type of Potential Contamination, and Current Method of Handling/Disposal>
() N/A () No () Unsure () Yes-----> CONDUCT FULL CEI

Has There Been a Failure to Use a Manifest for Off-Site Shipment(s)? (If Required)
() N/A () No () Unsure () Yes-----> CONDUCT FULL CEI

Has There Been Any Illegal or Improper Off-Site Disposal? (If a Hazardous Waste)
() N/A () No () Unsure () Yes-----> CONDUCT FULL CEI

Has There Been Any Illegal or Improper On-Site Disposal? (If a Hazardous Waste)
() N/A () No () Unsure () Yes-----> CONDUCT FULL CEI

Has There Been Any Regulated On-Site Treatment of Hazardous Waste Without a Permit?
() N/A () No () Unsure () Yes-----> CONDUCT FULL CEI

Any Significant Storage Over Allowable Limits? (If a Hazardous Waste)
<Significance Based on Type and Amount of Waste, As Well As Time Exceedence>
() N/A () No () Unsure () Yes-----> CONDUCT FULL CEI

WASTE MANAGEMENT AREA DATA SHEET

Name of Waste Management Area:

Paint Waste AreaType of Area: ☒ Satellite Accumulation () Container Storage () Tank Storage () Container Treatment

() Tank Treatment () Wastewater Treatment () Elementary Neutralization () Recycling () Other; Describe: _____

Description of Inventory (Type, Number, Size, Age/Storage Time, Etc.):

1 satellite 55 gal. steel drum, 1/2 full, stored less than 1 monthContainer ConditionYesNoComments

Unlabeled/Improperly Labeled

()

☒

Open/Poorly Closed

()

☒

Damaged/Poor Condition

()

☒

Leaking/Evidence of Past Leaks

()

☒

Inadequate Aisle Space

()

☒

Evidence of Incompatibility

()

☒General InformationYesNoComments

Is Area Inspected

☒

()

Security Provided

☒

()

Appropriate Warning Signs

☒

()

Spill Control and Safety Equipment

☒

()

Additional Observations (If Needed): _____

Were Photos Collected As Documentation? ☒ No () Yes: _____Screening Question

Any Evidence of Spills, Releases or Other Situations With Real or Potential Harm to the Environment?

<Significance Based on Amount and Type of Release, As Well As Potential of Affecting the Surrounding Area>

() N/A ☒ No () Unsure () Yes _____ > CONDUCT FULL CEI

WASTE MANAGEMENT AREA DATA SHEETName of Waste Management Area: Used oil tankType of Area: () Satellite Accumulation () Container Storage (☒) Tank Storage () Container Treatment

() Tank Treatment () Wastewater Treatment () Elementary Neutralization () Recycling () Other; Describe: _____

Description of Inventory (Type, Number, Size, Age/Storage Time, Etc.): One 500 gallon steel aboveground storage tank located inside shop. Contained about 200gal. of used oil. Stored for less than one month.Container Condition

Yes No

Comments

Unlabeled/Improperly Labeled

☒ ()Labeled "Waste Oil"

Open/Poorly Closed

() ☒

Damaged/Poor Condition

() ☒

Leaking/Evidence of Past Leaks

() ☒

Inadequate Aisle Space

() ()

NA Not hazardous waste

Evidence of Incompatibility

() ☒General Information

Yes No

Comments

Is Area Inspected

() ()

Security Provided

() ()

Appropriate Warning Signs

() ()

Spill Control and Safety Equipment

() ()

NA - Not hazardous waste

Additional Observations (If Needed): _____

Were Photos Collected As Documentation? () No (☒) Yes: _____Screening QuestionAny Evidence of Spills, Releases or Other Situations With Real or Potential Harm to the Environment?
<Significance Based on Amount and Type of Release, As Well As Potential of Affecting the Surrounding Area>
() N/A (☒) No () Unsure () Yes _____ > CONDUCT FULL CEI

SMITHWAY MOTOR XPRESS, INC.
Fort Dodge, Iowa



Photo No: 1 Direction Facing: Northwest Photographer: Lisa K. Wilson
Date: 07/23/98; 1110 Description: 500-gallon used oil tank labeled "waste oil" instead of "used oil." The 55-gallon drums contained punctured used oil filters that had been hot drained.



Photo No: 2 Direction Facing: Northwest Photographer: Lisa K. Wilson
Date: 07/23/98; 1217 Description: Southeast corner of office building as viewed from south entrance to facility along Quail Avenue.

SMITHWAY MOTOR XPRESS, INC.
Fort Dodge, Iowa



Photo No: 3 Direction Facing: Southwest Photographer: Lisa K. Wilson
Date: 07/23/98; 1218 Description: Maintenance garage (one building that appears to be two buildings) as viewed from south entrance to facility along Quail Avenue.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
726 MINNESOTA AVENUE
KANSAS CITY, KANSAS 66101

USED OIL INSPECTION FORM

Company Name	Smithway Motor Xpress, Inc.	EPA Identification Number	JAD062776083
Address & Zip	2031 Quail Ave. Fort Dodge, IA. 50501	Telephone Number	(515)-576-7418
		Fax Number	(515) 576-8794
Company Contact	Douglas D. Maxson	Title	Safety Manager.
Investigator	Bryce Tobyne	Investigation Date	4/23/98
At This Location Since	1956		
Number Of Employees	200 ¹⁵⁰ shop & office, 500 truck drivers ^{RIT}		
Facility Size	24 Acres, 5 buildings		
Business Type	OTR Truckline Maintenance and Corporate Office		
Used Oil Management Activities	Generator		
1	Describe How Used Oil Filters Are Generated		
	Engine oil changes		
2	Used Oil Filter Generation Rate		
	25/week approximately		

3	Describe How Used Oil Filters Are Drained & Managed On-site (Obtain Photographic Documentation)
	Punctured and hot drained
4	How & Where Are Used Oil Filters Disposed Of? (Obtain Written Documentation)
	Picked up by D&D recycling
5	Amount of Used Oil Filters On-site
	Approximately 100
6	List the Processes That Generate Used Oil
	Engine oil changes in company trucks
7	Describe How the Used Oil Generated from Each Process Is Managed On-site
	Collected in drain pans and pumped into storage tank
8	Used Oil Generation Rate
	3500 gal./year

9	State the Number and Size of Used Oil Storage Containers and Tanks On-site & the Amount of Used Oil in Each Tank and Container
	1- 500 gallon steel aboveground tank inside shop - containing 200 gallons of used oil
10	State How Each Tank and Container Containing Used Oil Is Labeled
	"Waste Oil"
11	For Each Tank and Container Containing Used Oil That Is Not in Good Condition. Describe the Condition of the Container /Tank (Obtain Photographic Documentation)
	NA
11a	Describe Any Secondary Containment (Obtain Photographic Documentation)
	Concrete shop floor

12	Describe Any Used Oil Spills or Staining Found On-site (Obtain Photographic Documentation)
	NA
13	Describe Used Oil/hazardous Waste Mixing Activities
	20 gal. / mo waste naphtha
14	Is used oil burned in on-site space heater? No
	If So State How Much Used Oil Is Burned per Year, the Design Capacity of the Space Heater, and If the Heater Combustion Gases Are Vented to the Outside
	NA

15	State Name, Address, Telephone Number, & Epa Identification Number of the Transporter That Picks up the Used Oil (Obtain Written Documentation)	
Company Name JEBRO Inc.		EPA Identification Number IAD 020201604
Address 2303 Bridgeport Dr.		Telephone Number 1-800-831-8037
& Zip Sioux City, IA 51111		
Company Name		EPA Identification Number
Address		Telephone Number
& Zip		
16	If used oil is collected under a tolling arrangement, obtain a copy of the agreement/contract.	
	NA	
17	Describe generator used oil self-transportation activities	
	NA	
18	State the amount of used oil collected from do-it-yourselfers per month	
	None	

19	State the amount of used oil collected from businesses per month		
	None		
20	If Used Oil Is Collected from Other Businesses. Obtain a Copy of the Registration/ Permit/ License/ Authorization from the State / County/ Municipal Government That Allows the Company to Run a Used Oil Collection Center.		
	NA		
	If No Such Documentation Is Available. Please State Such:		
21	If Used Oil Is Collected from Other Businesses. Are Shipments of Greater than 55 Gallons Accepted?		
	NA		
	If So State the Following for Each Such Business:		
	Business Name	Telephone #	
	Address & Zip	Contact Name	
	Name	Telephone #	
	Address & Zip	Contact Name	
	Name	Telephone #	
	Address & Zip	Contact Name	
	Name	Telephone #	
	Address & Zip	Contact Name	

LIST OF HANDOUTS PROVIDED TO THE FACILITY:

- | | |
|---|---|
| 1 | Assistance/Information Handout |
| 2 | Used Oil Filter Study Summary/Used Oil Filters Management Information |
| 3 | Copy of 40 CFR 261.(b)(13) |
| 4 | Iowa Waste Reduction Center Pamphlet |
| | |
| | |
| | |
| | |
| | |

I have read the above information, which was provided to the investigator. I certify that such information is true, accurate, and complete. I am aware that providing false information to the government is a criminal offense and that I can be fined and or imprisoned for doing so.

Printed Name Douglas D. MAXSON

Signature *Douglas D. Maxson*

Date 7/23/98

REGION VII MULTIMEDIA SCREENING CHECKLIST

Page 1 of 2
IAD062776083

Facility: Smithway Motor Xpress, Inc. Facility Ownership: William G. Smith Inspector: Bryce Tobyn
Address: 2031 Quail Ave Facility Contact: Douglas D. Maxson Primary Media: DCRA
Fort Dodge, IA 50501 Phone: 515-576-7413 SIC code: 423 Date: 07/23/98
County: Webster Section: _____ Number of Employees: 150 shop and office 500 drivers
Township: _____ Range: _____ Work Schedule/Hr.: 24 hrs. 5 days/wk plus 8 hrs Sunday

1. Are there any permits or registrations in the following areas? [Please indicate → Federal = F, State = S, Local = L]
NPDES: wastewater () pretreatment () 404-Wetlands () UIC () UST () PWS () RCRA () TRI () CAA () Other ()
Describe: None

2. What does the facility do? Operates truck line maintenance shop

3. What raw materials are used? No raw materials

4. What fuels are used? Natural gas for heat, diesel fuel for trucks

5. Provide brief process description: Change vehicle oil, some truck painting, vehicle air conditioning repair (no CFCs)

6. What major processes are used? Blending ☐ Mixing ☐ Reacting ☐ Distilling ☐ Filtering ☐ Separating ☐ Formulating ☐
Machining ☐ Fabricating ☐ Printing ☒ Coating: Water-based ☐, Solvent-based ☒ Electroplating: Chrome ☐, Other _____
Electroless plating, Type _____. Degreasing: Water-based ☐, Halogenated solvent-based ☐, Non-halogenated solvent-based ☒.
Assembly ☐ Laboratory Analysis ☐ Combustion ☐ Other _____

7. Describe each waste generated by the facility: Is The Waste Hazardous?

Waste Name	Generation Process	Est. Quantity Per/Month	Final Disposition of Waste	How Long Stored	No	Yes	Don't know
<u>Parts washing solvent</u>	<u>Cleaning parts washer</u>	<u>20 gal./month</u>	<u>Used oil collector</u>	<u>NA</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Paint waste</u>	<u>Cleaning paint guns</u>	<u>20-55 gal.</u>	<u>Offsite TSD</u>	<u>Less than 30 days</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Paint filters</u>	<u>Changing paint booth filters</u>	<u>12-15 lbs.</u>	<u>Sanitary landfill</u>	<u>NA</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Used oil</u>	<u>Engine oil changes</u>	<u>3500 gal./year</u>	<u>Used oil collector</u>	<u>NA</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL JUSTICE

1. Describe surrounding area (check all that apply): Industrial ☒ Business ☒ Residential ☐ Rural ☐ Abandoned/Dilapidated Properties ☐
2. Income & proximity to other property: Low ☐ Low-moderate ☐ Moderate-high ☒ Proximity: 0-10' ☐ 10-100' ☐ 100-1000' ☒
3. Potential access to facility hazards by children and public? Easy access ☐ Moderately difficult access ☐ Very difficult access ☒

NPDES - National Pollution Discharge Elimination System, UIC - Underground Injection Control, PWS - Public Water Supply

How are wastewaters handled?	None	On-site Treatment	Municipal Sewer	Storm Sewer	Surface Water	Septic	Injection Well	Land
Process wastewater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-contact wastewater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

2. Did you see any wastewater discharges not identified by the facility? No ☒ Yes ☐ Location of discharge: _____
Appearance of discharge: _____ (PHOTO ☐)

3. What is the source of the facility's process water? Rural/Municipal ☐ Private well ☐ Pond ☐ River ☐ Other ☒ NA

4. What is the source of the facility's drinking water? Rural/Municipal ☒ Private well ☐ Pond ☐ River ☐ Other ☐

5. What is the source of drinking water for the area around the facility? Rural/Municipal ☒ Private well ☐ Don't know ☐

6. Is public water source (e.g., Rural/Municipal/Private well, etc.) protected by a backflow prevention device? No ☐ Yes ☒ Don't know ☐

WETLANDS

1. Are there any surface water bodies (e.g., ponds, streams, lakes, rivers, etc.) or temporarily wet areas that have been disturbed by filling, waste disposal, ditching, excavation, damming, dredging, etc.? No ☒ Yes ☐ Don't know ☐ Describe/locate: _____ (PHOTO ☐)

2. Is there any dust leaving the property? No ☒ Yes ☐ Source: _____ Time: Page 2 of 2 (PHOTO ☐)
3. In the past 2-3 years, has the facility modified or installed any new air emission points? No ☒ Yes ☐
Describe: _____. Was a permit obtained? No ☐ Yes ☐ Permit No. _____
4. Do stationary air conditioning or refrigeration units that contain: less than 50lbs refrigerant/unit ☒ more than 50 lbs refrigerant/unit ☐ or both ☐
Are these units: Self-serviced? ☐ Contract Serviced? ☒ → Service Company: Morrells 204 Central Ave. Bettendorf, IA
5. Are motor vehicle air conditioning systems: Self-serviced? ☒ Contract Serviced? ☐ → Service Company: _____

RCRA - Resource Conservation And Recovery Act & UST's - Underground Storage Tanks

1. Are there any of the following on-site waste management activities? Treatment ☐ Storage ☒ Burning ☐ Landfills ☐
Surface impoundments ☐ Recycling ☐ → Are recyclables stored more than one year? No ☐ Yes ☐ Don't know ☐
2. Is wastewater sludge generated? No ☒ Yes ☐ → Is it hazardous? No ☐ Yes ☐ Don't know ☐
Where does the sludge go? Hazardous waste disposal site ☐ Off-site landfill ☐ On-site landfill ☐ Land applied ☐
3. Is used oil generated? No ☐ Yes ☒ → Are the containers labeled "Used Oil"? No ☒ Yes ☐ Labeled Waste (PHOTO ☒)
4. Are any hazardous waste containers or tanks leaking, open, or not labeled? No ☒ Yes ☐
Describe: _____ (PHOTO ☐)
5. Are there any signs of past spills or releases (e.g., dead/stressed vegetation, stains, discoloration)? No ☒ Yes ☐
Describe: _____ (PHOTO ☐)
6. Are there any past or present underground storage tanks that contain petroleum, waste oil, or hazardous substances? No ☒ Yes ☐
7. Are there any underground fuel storage tanks for emergency generators? No ☒ Yes ☐
8. Do any of the chemical, industrial, or hazardous waste handling procedures concern you? No ☒ Yes ☐ (PHOTO ☐)
Describe: _____

TITLE III-EPCRA-Emer. Planning & Community Right to Know Act, SEC. 5 TSCA-Toxic Substances Control Act & PCB's-Polychlorinated Biphenyls

1. Have Toxic Chemical Release Forms (Form R's) been submitted under Section 313 of EPCRA? No ☒ Yes ☐ [must have > 10 employees to apply]
2. Have hazardous chemical inventory forms (Tier II forms) ever been submitted under Section 312 to local Emergency Planning Committees or fire department? No ☐ Yes ☒ If no, describe chemicals and volumes stored: _____
3. Does facility import or manufacture a chemical substance? No ☒ Yes ☐ Describe type and intended use: _____
4. Is there any equipment in service containing PCB's > 500 ppm? No ☒ Yes ☐ Don't Know ☐ Is it leaking or not labeled? No ☐ Yes ☐
5. Is there any equipment in storage containing PCB's > 50 ppm? No ☒ Yes ☐ Don't know ☐ Is it leaking or not labeled? No ☐ Yes ☐

SPCC - Spill Prevention Control and Countermeasure Plan:

1. Are there above ground tanks that store oil (petroleum, synthetic, animal, fish, or vegetable): In a single tank > 660 gallons or in tanks with an aggregate volume > 1320 gallons? No ☐ Yes ☒ → Is there an SPCC Plan? No ☒ Yes ☐ Is there secondary containment? No ☐ Yes ☒
2. Are the tanks leaking or threatening to leak into waters of the State or U.S.? No ☒ Yes ☐
Describe: _____ (PHOTO ☐)

FIFRA - Federal Insecticide, Fungicide, and Rodenticide Act

1. Does the facility manufacture, repackage, or apply pesticides? No ☒ - STOP HERE Yes ☐
Are rinsates handled in an environmentally sound manner? No ☐ Yes ☐ Describe: _____ (PHOTO ☐)
2. Do workers use personal protective equipment (gloves, long sleeve shirts, coveralls) when mixing/loading? No ☐ Yes ☐
Describe: _____

*** PLEASE TAKE PHOTOS TO DOCUMENT POTENTIAL PROBLEMS**

ACTIVITY #: _____

INSPECTOR: Bryce Tobyne

OWNER/OPERATOR NAME: William G. Smith

CONTACT NAME: Douglas D. Maxson

TELEPHONE #: 515-576-7418

1. Does facility have refrigeration/AC units containing greater than 50# CFC/HCFCs?

Yes_____ No ☒ Don't know_____

2. How does facility determine full charge (Check all that apply):

a. Measure___ b. Calculate___ c. Manufacturer's info___ d. Other Contracted

3. Facility units classification: (Check all that apply)

Commercial (i.e. supermarkets, restaurants, cold storage, typically >75#)

Industrial (i.e. chemical, manufacturing industries, industrial ice machines)

Comfort cooling

Other: Specify _____

4. Who does service, maintenance and repair of units? In-house___ Contracted___

If contracted: Name Marrell Co. Phone 575 955-1515

Address 204 Central Ave

Fl. Dodge JA 50501

5. Does the facility have recovery/recycling unit? Yes___ No___ NA___

Type _____ Brand _____

Model _____ Serial number _____

- a. Is recovery/recycling unit compatible with appliance and refrigerant?

Yes_____ No_____

(Check label, get photograph if possible) See labeling requirement @82.158(h).

- b. Has facility submitted recovery/recycling equipment certification form to EPA?

Yes_____ No_____

- c. Does facility have copy of certification?

Yes_____ No_____

SECTION 609 INSPECTION SCREENING CHECKLIST
MOTOR VEHICLE AIR CONDITIONING RECOVERY/RECYCLING
COMPLIANCE PROGRAM

Page 2 of 2

JAD 062776083

Inspector's Name: <i>Bryce Tobyne</i>		Date: <i>7/23/98</i>		Time: <i>9:00</i>	
Name of Facility: <i>Smithway Motor Xpress, Inc.</i>		Phone Number <i>(515) 576-7418</i>			
Facility STREET Address: <i>2031 Quail Ave.</i> City: <i>Fort Dodge</i> State: <i>IA</i> zip code: <i>50501</i>		Facility MAILING Address: <i>P.O. Box 404</i> City: <i>Fort Dodge</i> State: <i>IA</i> zip code: <i>50501</i>			
Contact Person & Position <i>Douglas D. Maxson</i>		Phone Number <i>(515) 576-7418</i>			
Owner: <i>William G. Smith</i>		Phone Number <i>(515) 576-7418</i>			
FACILITY DESCRIPTION:					
Reg/Natl. Service Chain:			Dealership:		
Independent Shop:			Filling Station:		
Fleet Garage: <input checked="" type="checkbox"/>			Other		
Does Your Business Service Motor Vehicle Air Conditioners:			YES - <input checked="" type="checkbox"/>		NO -
Is Recovery or Recycling Equipment Present?			YES - <input checked="" type="checkbox"/>		NO -
Equipment Label	NONE	UL <input checked="" type="checkbox"/>	ARI	ETL	
Are all A/C Technicians Certified by an Accredited Program and Proof of Certification Available on Site:			YES - <input checked="" type="checkbox"/>		NO -
Number of Technicians Certified			# <i>5</i>		
Did Inspector Observe A/c Work in Progress?			YES - <input checked="" type="checkbox"/>		NO -
Did Inspector Observe Venting of Refrigerant?			YES -		NO - <input checked="" type="checkbox"/>

COMMENTS:

*Only 134A refrigerant now used in vehicle
air conditioning systems*

Facility Representative (print) <i>DOUGLAS D. MAXSON</i>	Signature/Date <i>Douglas D. Maxson</i> <i>7/23/98</i>
Inspector (print) <i>Bryce L. Tobyne</i>	Signature/Date <i>Bryce L. Tobyne</i> <i>7/23/98</i>

**THERE IS NO RCRIS HANDLER INFORMATION SHEET INCLUDED IN THIS REPORT
BECAUSE IT WAS LEFT AT THE FACILITY TO RETURN TO EPA.
TETRA TECH HAS ATTEMPTED NUMEROUS CALLS TO THE FACILITY
TO INQUIRE ABOUT THE HANDLER SHEET; HOWEVER, NO RESPONSE HAS BEEN RECEIVED.**



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

ENVIRONMENTAL SERVICES DIVISION
REGION 7
25 FUNSTON ROAD
KANSAS CITY, KANSAS 66115

REC'D

DEC 15 1998

RESP

DEC 14 1998

MEMORANDUM

SUBJECT: Transmittal of Screening Inspection Report - RCRA

FROM: Alma Moreno Lahm *AML 12/4/98*
Environmental Engineer, ENSV/ARCM

TO: Jo Ann Heiman
Chief, RESP/ARTD

This memorandum transmits the following Screening Evaluation Inspection report performed under a work assignment managed by the Environmental Services Division, Air & RCRA Compliance Branch.

<u>Facility</u>	<u>EPA ID Number</u>	<u>Date of Inspection</u>
Smithway Motor Xpress, Inc. 2031 Quail Avenue Fort Dodge, IA 50501	IAD062776083	July 23, 1998

Attachments

DEC 14 1998

Receipts OK
archive of OK
w/WRAP

MEMORANDUM

SUBJECT: CFC Checklist Transmittal

FROM: Alma Moreno Lahm, Environmental Engineer
ENSV, Air RCRA and Compliance Monitoring Branch (ENSV/ARCM)

TO: Alice Law, CFC Enforcement Coordinator
Air Permitting and Compliance Branch

Attached are the CFC checklists that were completed for the following site in Iowa.

<u>Facility</u>	<u>EPA ID Number</u>	<u>Date of Inspection</u>
Smithway Motor Xpress, Inc. 2031 Quail Avenue Fort Dodge, IA 50501	IAD062776083	July 23, 1998

If you have any questions, please contact me at extension 5232.

Attachments

ENSV:ARCM:C:\USER\AMORENO\09RO7047\CFCTRSTD.MEM:SMITHWAY.IAD.CFC:AML:3DEC98

ARCM
MORENO LAHM

Ames
12/14/98

DEC 14 1998

MEMORANDUM

SUBJECT: Multi Media Screening Checklist

FROM: Alma Moreno Lahm
ENSV/ARCM

TO: Paul Marshall, WWPD/NFMB
Richard Tripp, ARTD/APCO
Kris Goschen, ENSV/ARCM

Attached is the Multimedia Screening Checklist for the following facility.

FACILITY NAME	CITY	ID #
Smithway Motor Xpress, Inc.	Fort Dodge, IA	IAD062776083

Attachment

C:/USER/AMORENO/09RO7047/MMTRSTD.MEM/SMITHWAY.IAD.MM.WPD:AML:
3DEC98

ARCM
MORENO LAHM

Amgchen
12/4/98

DEC 14 1998

MEMORANDUM

SUBJECT: Transmittal of Screening Inspection Report - RCRA

FROM: Alma Moreno Lahm
Environmental Engineer, ENSV/ARCM

TO: Jo Ann Heiman
Chief, RESP/ARTD

This memorandum transmits the following Screening Evaluation Inspection report performed under a work assignment managed by the Environmental Services Division, Air & RCRA Compliance Branch.

<u>Facility</u>	<u>EPA ID Number</u>	<u>Date of Inspection</u>
Smithway Motor Xpress, Inc. 2031 Quail Avenue Fort Dodge, IA 50501	IAD062776083	July 23, 1998

Attachments

ENSV:ARCM:C:\USER\AMORENO\09RO7047\RPTTRSTD.MEM:SMITHWAY.IAD.RPT:AML:3DEC98

ARCM
MORENO LAHM

DATE: 01/23/98ACTIVITY #: ✓FACILITY: Smithway Motor Express, Inc.INSPECTOR: Bryce TobynADDRESS: 2031 Quail Ave.OWNER/OPERATOR NAME: William G. SmithFort Dodge, IA 50501CONTACT NAME: Douglas D. MaxsonTELEPHONE #: 515-576-7418

1. Does facility have refrigeration/AC units containing greater than 50# CFC/HCFCs?

Yes No ✓ Don't know

2. How does facility determine full charge (Check all that apply):

a. Measure b. Calculate c. Manufacturer's info d. Other Contracted

3. Facility units classification: (Check all that apply)

 Commercial (i.e. supermarkets, restaurants, cold storage, typically >75#) Industrial (i.e. chemical, manufacturing industries, industrial ice machines)✓ Comfort cooling Other: Specify 4. Who does service, maintenance and repair of units? In-house Contracted ✓If contracted: Name Marcell Co. Phone 515 955-1515Address 204 Central AveFt. Dodge IA 505015. Does the facility have recovery/recycling unit? Yes No NA ✓Type Brand Model Serial number

a. Is recovery/recycling unit compatible with appliance and refrigerant?

Yes No NA

(Check label, get photograph if possible) See labeling requirement @82.158(h).

b. Has facility submitted recovery/recycling equipment certification form to EPA?

Yes No NA

c. Does facility have copy of certification?

Yes No NA

RECEIVED

NOV 23 1998

ARCM/ENSV
cfccklt:4/22/96

MOTOR VEHICLE AIR CONDITIONING RECOVERY/RECYCLING COMPLIANCE PROGRAM

1482 of 2
IAD062776083

Inspector's Name: <u>Bryce Tobyne</u>		Date: <u>7/23/98</u>		Time: <u>0900</u>	
Name of Facility: <u>Smithway Motor Xpress, Inc.</u>		Phone Number <u>(515) 576-7418</u>			
Facility STREET Address: <u>2031 Quail Ave.</u> City: <u>Fort Dodge</u> State: <u>IA</u> zip code: <u>50501</u>		Facility MAILING Address: <u>P.O. Box 404</u> City: <u>Fort Dodge</u> State: <u>IA</u> zip code: <u>50501</u>			
Contact Person & Position <u>Douglas D. Maxson</u>		Phone Number <u>(515) 576-7418</u>			
Owner: <u>William G. Smith</u>		Phone Number <u>(515) 576-7418</u>			
FACILITY DESCRIPTION:					
Reg/Natl. Service Chain:		Dealership:			
Independent Shop:		Filling Station:			
Fleet Garage: <input checked="" type="checkbox"/>		Other			
Does Your Business Service Motor Vehicle Air Conditioners:		YES - <input checked="" type="checkbox"/>		NO -	
Is Recovery or Recycling Equipment Present?		YES - <input checked="" type="checkbox"/>		NO -	
Equipment Label	NONE	UL <input checked="" type="checkbox"/>	ARI	ETL	
Are all A/C Technicians Certified by an Accredited Program and Proof of Certification Available on Site:		YES - <input checked="" type="checkbox"/>		NO -	
Number of Technicians Certified		# <u>5</u>			
Did Inspector Observe A/c Work in Progress?		YES - <input checked="" type="checkbox"/>		NO -	
Did Inspector Observe Venting of Refrigerant?		YES -		NO - <input checked="" type="checkbox"/>	

COMMENTS:

Only 134A refrigerant now used in vehicle air conditioning systems

Facility Representative (print) <u>DOUGLAS D. MAXSON</u>	Signature/Date <u>[Signature]</u> <u>7/23/98</u>
Inspector (print) <u>Bryce L. Tobyne</u>	Signature/Date <u>[Signature]</u> <u>7/23/98</u>



U.S. Environmental Protection Agency
Contract No. 68-W4-0004



**RCRA Enforcement, Permitting, and
Assistance Contract—EPA Zone III**



Tetra Tech EM Inc.



Printed on recycled paper

**IOWA SCREENING INSPECTION
SMITHWAY MOTOR XPRESS, INC.
IAD062776083
2031 QUAIL AVENUE
FORT DODGE, IOWA 50501**

Prepared for:

**U.S. ENVIRONMENTAL PROTECTION AGENCY
Region 7
Kansas City, Kansas 66101**

Work Assignment Number	: R07047
EPA Region	: 7
Date Inspected	: July 23, 1998
Date Prepared	: November 20, 1998
Contract Number	: 68-W4-0004
EPA Work Assignment Manager	: Alma Moreno Lahm
Telephone Number	: (913) 551-5232
Prepared By	: Tetra Tech EM Inc.
Tetra Tech Project Manager	: Andrew Mazzeo
Telephone Number	: (913) 495-3940

RECEIVED

NOV 23 1998

ARCM/ENSV

IAD 62776083

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

Facility Name <i>Smithway Motor Xpress, Inc.</i>	
Facility Address <i>2031 Quail Ave. , Fort Dodge, IA. 50501</i>	
Inspector (print) <i>Bryce Tobyne</i>	
U.S.EPA, Region VII, ENSV Division, 25 Funston Road, Kansas City, KS 66115	Date <i>7/23/98</i>

The United States Environmental Protection Agency (EPA) is obligated, under the Freedom of Information Act, to release information collected during inspections to persons who submit requests for that information. The Freedom of Information Act does, however, have provisions that allow EPA to withhold certain confidential business information from public disclosure. To claim protection for information gathered during this inspection you must request that the information be held CONFIDENTIAL and substantiate your claim in writing by demonstrating that the information meets the requirements in 40 CFR 2, Subpart B. The following criteria in Subpart B must be met:

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. No statute specifically requires disclosure of the information.
3. Disclosure of the information would cause substantial harm to your company's competitive position.

Information that you claim confidential will be held as such pending a determination of applicability by EPA.

I have received this Notice and <u>DO NOT</u> want to make a claim of confidentiality at this time.	
Facility Representative Provided Notice (print) <i>DOUGLAS D. MAXSON</i>	Signature/Date <i>[Signature]</i> <i>7/23/98</i>

I have received this Notice and <u>DO</u> want to make a claim of confidentiality.	
Facility Representative Provided Notice (print)	Signature/Date

Information for which confidential treatment is requested:

RCRA SCREENING INSPECTION CHECKLIST

NOV Issued by EPA Personnel : () Yes () No (☒) N/A - Not Applicable EPA personnel not present at time of inspection

I. INITIAL INFORMATION

A. Facility Name: Smithway Motor Express Inc EPA I.D. #: TA0062776083
Address: 2031 Quail Ave Date/Time: 7/23/98 0900
Ford Dodge, TN 38501 Phone #: (515) 576-7418
B. Activity #: _____ Inspector Name/Title: Dwyer Tebyne, Tetra Tech EM Inc.
C. Initial Drive-By; Obvious Concerns, Observations, or Questions: (☒) No () Yes; Describe: _____

D. Facility Representatives:

Titles:

Douglas Maxson Safety Manager

E. Introduction:

(☒) Credentials/I.D. (☒) Purpose (☒) Authority (Sec 3007 RCRA) (☒) Scope (☒) CBI Explanation
(☒) Collection of Correct and Accurate Information (Sec 1001/1002 U.S.C.)

F. Access Granted: (☒) Yes () No; Obtain Name, Time and Reason: _____

G. Type of Facility: () Federal () State () County () City (☒) Private

H. Obtained GPS Reading: (☒) Yes () No

I. Any Previous Contact With Federal/State Environmental Regulators? (☒) No () Yes; Describe: Not in last
year, prior to that time - unknown

J. Description of Facility Operations: Over-the-road truckline corporate
headquarters. Maintenance shop, change oil in company-
owned trucks, paint booth for painting truck parts,
air conditioning repair on trucks, truck wash, refuel trucks.
Located here since 1956. 500 Shop and office employees,
500 drivers, shop open 24 hrs/day M-F, 12 hrs on
Sat., 10-6 on Sunday. Haul freight only from
manufacturers to destination. Does not operate a
freight terminal.

II. WASTE STREAMS

A. Complete the Top Portion of a Waste Stream Data Sheet for Each Waste Stream. Provide specific details.

III. VISUAL INSPECTION

A. Complete a Waste Management Area Data Sheet for Each Waste Management Area That is Visually Inspected.

IV. DETERMINATION OF REGULATORY STATUS

() Non Handler () Conditionally Exempt Small Quantity Generator (☒) Small Quantity Generator () Large Quantity Generator

() TSD; Describe: _____

() Other; Describe: _____

V. WASTE STREAMS

A. Complete the Bottom Portion of the Data Sheet for Each Waste Stream.

VI. EXIT BRIEFING

(☒) CBI Forms Completed (☒) Findings and Observations Summarized for the Facility Officials

NOV Issued by EPA Personnel : () Yes () No (☒) N/A - Not Applicable

() If NOV Issued, Explanation of All Violations Cited and the Need to Respond Within 10 Days

(☒) Explanation That This is a Screening Only, Does Not Cover All Requirements, and that a Full CEI May Be Conducted in the Future

Left Compliance Assistance Information: () No (☒) Yes; Describe: Notification form and handbook, generator handbook, P2 information

VII. SIGNIFICANT COMMENTS AND OBSERVATIONS:

Lisa Wilton, Tetra Tech EM Inc., was also present during the inspection. The facility buys new trucks on a regular basis, thus avoiding major engine overhauls. The facility is clean and neat

VII. Continued:

Inspector:

Robert L. Tobyn

Title:

Environmental Scientist, Tetra Tech, Flu Inc.

Date:

7/27/98VIII. SCREENING CONCLUSIONS (To Be Completed By EPA Employee Only)☐ Full CEI Not Necessary☐ Unsure Whether Full CEI Is Necessary☐ After Screening, Consulted With Other Team Members; List: _____Decision: ☐ Will Do Full CEI ☐ Will Not Do a Full CEI

If a Full CEI is Conducted as a Followup to this Screening, Remember to Include This Completed Checklist As a Report Attachment.

EPA Personnel: _____

Title: _____

Date: _____

WASTE STREAM DATA SHEET

Name of Waste Stream: Parts washer solvent (Naphtha)Generation Process (Detailed): Generated from cleaning four parts washersWaste Generation Amount and Frequency: 20 gal / mo.Waste Classification by Facility: () Uncertain or Not Done () Non-Hazardous (☒) Hazardous; Codes: Des 1Waste Identification/Determination by: (☒) Process/Product Knowledge () Testing () Not Completed by FacilityDescribe (MSDS, Product Labels, Test Results, Etc.): MSDSCurrent Waste Management and Disposal Practices: Mixed with used oil and picked up by used oil transporter. Used oil generation rate is about 3500 gal / year.Past (Go Back At Least 5 Years) Waste Management and Disposal Practices: SameDoes Facility Have Any Shipping Records or Manifests for Off-Site Disposal? () No (☒) Yes; Describe Used oil shipping records to JEBRODoes Waste Seem to be Properly Classified? (☒) Yes () No; Description of Problem: _____Were Photocopies Collected As Documentation? (☒) No () Yes: _____

Screening Questions for the Above Waste Stream

Does Improper or Inadequate Waste Determination Result In Real or Potential Harm to the Environment?
<Significance Based on Amount of Waste, Type of Potential Contamination, and Current Method of Handling/Disposal>
(☒) N/A () No () Unsure () Yes _____ > CONDUCT FULL CEIHas There Been a Failure to Use a Manifest for Off-Site Shipment(s)? (If Required)
() N/A (☒) No () Unsure () Yes _____ > CONDUCT FULL CEIHas There Been Any Illegal or Improper Off-Site Disposal? (If a Hazardous Waste)
() N/A (☒) No () Unsure () Yes _____ > CONDUCT FULL CEIHas There Been Any Illegal or Improper On-Site Disposal? (If a Hazardous Waste)
() N/A (☒) No () Unsure () Yes _____ > CONDUCT FULL CEIHas There Been Any Regulated On-Site Treatment of Hazardous Waste Without a Permit?
() N/A (☒) No () Unsure () Yes _____ > CONDUCT FULL CEIAny Significant Storage Over Allowable Limits? (If a Hazardous Waste)
<Significance Based on Type and Amount of Waste, As Well As Time Exceedence>
() N/A (☒) No () Unsure () Yes _____ > CONDUCT FULL CEI

599

WASTE STREAM DATA SHEET

Name of Waste Stream:

Paint Waste and Thinner

Generation Process (Detailed):

Generated from cleaning spray paint guns

Waste Generation Amount and Frequency:

20-25 gal./mo average month sometimes up to 55 gal.

Waste Classification by Facility:

☐ Uncertain or Not Done☐ Non-Hazardous☒ Hazardous; Codes:D001, F003, F005

Waste Identification/Determination by:

☒ Process/Product Knowledge☐ Testing☐ Not Completed by Facility

Describe (MSDS, Product Labels, Test Results, Etc.):

MSDS

Current Waste Management and Disposal Practices:

Picked up by W.S. supplier and transported to WRR Environmental Services Co., Eau Claire, WI 54701

Past (Go Back At Least 5 Years) Waste Management and Disposal Practices:

Same

Does Facility Have Any Shipping Records or Manifests for Off-Site Disposal?

☐ No☒ Yes; DescribeManifests

Does Waste Seem to be Properly Classified?

☒ Yes☐ No; Description of Problem:

Were Photocopies Collected As Documentation?

☒ No☐ Yes:

Screening Questions for the Above Waste Stream

Does Improper or Inadequate Waste Determination Result In Real or Potential Harm to the Environment?

<Significance Based on Amount of Waste, Type of Potential Contamination, and Current Method of Handling/Disposal>

☒ N/A☐ No☐ Unsure☐ Yes

> CONDUCT FULL CEI

Has There Been a Failure to Use a Manifest for Off-Site Shipment(s)? (If Required)

☐ N/A☒ No☐ Unsure☐ Yes

> CONDUCT FULL CEI

Has There Been Any Illegal or Improper Off-Site Disposal? (If a Hazardous Waste)

☐ N/A☒ No☐ Unsure☐ Yes

> CONDUCT FULL CEI

Has There Been Any Illegal or Improper On-Site Disposal? (If a Hazardous Waste)

☐ N/A☒ No☐ Unsure☐ Yes

> CONDUCT FULL CEI

Has There Been Any Regulated On-Site Treatment of Hazardous Waste Without a Permit?

☐ N/A☒ No☐ Unsure☐ Yes

> CONDUCT FULL CEI

Any Significant Storage Over Allowable Limits? (If a Hazardous Waste)

<Significance Based on Type and Amount of Waste, As Well As Time Exceedence>

☐ N/A☒ No☐ Unsure☐ Yes

> CONDUCT FULL CEI

WASTE STREAM DATA SHEET

Name of Waste Stream:

Paint filters

Generation Process (Detailed):

Generated from changing filters in the paint booth.

Waste Generation Amount and Frequency:

3-4 lbs/week

Waste Classification by Facility:

☐ Uncertain or Not Done☒ Non-Hazardous☐ Hazardous; Codes:

Waste Identification/Determination by:

☒ Process/Product Knowledge☐ Testing☐ Not Completed by Facility

Describe (MSDS, Product Labels, Test Results, Etc.):

MSDS - all trucks are painted light blue, no hazardous metals listed as ingredients in the paint.

Current Waste Management and Disposal Practices:

Sanitary landfill

Past (Go Back At Least 5 Years) Waste Management and Disposal Practices:

Same

Does Facility Have Any Shipping Records or Manifests for Off-Site Disposal?

☒ No☐ Yes; Describe

Does Waste Seem to be Properly Classified?

☒ Yes☐ No; Description of Problem:

Were Photocopies Collected As Documentation?

☒ No☐ Yes:

Screening Questions for the Above Waste Stream

Does Improper or Inadequate Waste Determination Result In Real or Potential Harm to the Environment?

<Significance Based on Amount of Waste, Type of Potential Contamination, and Current Method of Handling/Disposal>

☒ N/A ☐ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

Has There Been a Failure to Use a Manifest for Off-Site Shipment(s)? (If Required)

☒ N/A ☐ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

Has There Been Any Illegal or Improper Off-Site Disposal? (If a Hazardous Waste)

☒ N/A ☐ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

Has There Been Any Illegal or Improper On-Site Disposal? (If a Hazardous Waste)

☒ N/A ☐ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

Has There Been Any Regulated On-Site Treatment of Hazardous Waste Without a Permit?

☒ N/A ☐ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

Any Significant Storage Over Allowable Limits? (If a Hazardous Waste)

<Significance Based on Type and Amount of Waste, As Well As Time Exceedence>

☒ N/A ☐ No ☐ Unsure ☐ Yes-----> CONDUCT FULL CEI

WASTE STREAM DATA SHEET

Name of Waste Stream: Used oilGeneration Process (Detailed): Generated from changing oil in truck engine.Waste Generation Amount and Frequency: 7500 gal/yearWaste Classification by Facility: () Uncertain or Not Done () Non-Hazardous ^{P&T} () Hazardous; Codes: _____

Waste Identification/Determination by: () Process/Product Knowledge () Testing () Not Completed by Facility

Describe (MSDS, Product Labels, Test Results, Etc.): MSDSCurrent Waste Management and Disposal Practices: Picked up by used oil transporterPast (Go Back At Least 5 Years) Waste Management and Disposal Practices: SameDoes Facility Have Any Shipping Records or Manifests for Off-Site Disposal? () No () Yes; Describe Used oil shipping papers

Does Waste Seem to be Properly Classified? () Yes () No; Description of Problem: _____

Were Photocopies Collected As Documentation? NO () Yes: _____

Screening Questions for the Above Waste Stream

Does Improper or Inadequate Waste Determination Result In Real or Potential Harm to the Environment?

<Significance Based on Amount of Waste, Type of Potential Contamination, and Current Method of Handling/Disposal>
() N/A () No () Unsure () Yes-----> CONDUCT FULL CEI

Has There Been a Failure to Use a Manifest for Off-Site Shipment(s)? (If Required)

() N/A () No () Unsure () Yes-----> CONDUCT FULL CEI

Has There Been Any Illegal or Improper Off-Site Disposal? (If a Hazardous Waste)

() N/A () No () Unsure () Yes-----> CONDUCT FULL CEI

Has There Been Any Illegal or Improper On-Site Disposal? (If a Hazardous Waste)

() N/A () No () Unsure () Yes-----> CONDUCT FULL CEI

Has There Been Any Regulated On-Site Treatment of Hazardous Waste Without a Permit?

() N/A () No () Unsure () Yes-----> CONDUCT FULL CEI

Any Significant Storage Over Allowable Limits? (If a Hazardous Waste)

<Significance Based on Type and Amount of Waste, As Well As Time Exceedence>

() N/A () No () Unsure () Yes-----> CONDUCT FULL CEI

WASTE MANAGEMENT AREA DATA SHEET

Name of Waste Management Area:

Paint Waste AreaType of Area: ☒ Satellite Accumulation () Container Storage () Tank Storage () Container Treatment

() Tank Treatment () Wastewater Treatment () Elementary Neutralization () Recycling () Other; Describe: _____

Description of Inventory (Type, Number, Size, Age/Storage Time, Etc.):

1 satellite 55 gal. steel drum, 1/2 full stored less than 1 monthContainer ConditionYesNoComments

Unlabeled/Improperly Labeled

()

☒

Open/Poorly Closed

()

☒

Damaged/Poor Condition

()

☒

Leaking/Evidence of Past Leaks

()

☒

Inadequate Aisle Space

()

☒

Evidence of Incompatibility

()

☒General InformationYesNoComments

Is Area Inspected

☒

()

Security Provided

☒

()

Appropriate Warning Signs

☒

()

Spill Control and Safety Equipment

☒

()

Additional Observations (If Needed):

Were Photos Collected As Documentation? ☒ No () Yes:Screening Question

Any Evidence of Spills, Releases or Other Situations With Real or Potential Harm to the Environment?

<Significance Based on Amount and Type of Release, As Well As Potential of Affecting the Surrounding Area>

() N/A ☒ No () Unsure () Yes _____ > CONDUCT FULL CEI

WASTE MANAGEMENT AREA DATA SHEETName of Waste Management Area: Used oil tankType of Area: () Satellite Accumulation () Container Storage (☒) Tank Storage () Container Treatment
() Tank Treatment () Wastewater Treatment () Elementary Neutralization () Recycling () Other: Describe: _____Description of Inventory (Type, Number, Size, Age/Storage Time, Etc.): One 500 gallon steel aboveground storage tank located inside shop. Contains about 200 gal. of used oil stored for less than one month.

Container Condition	Yes	No	Comments
Unlabeled/Improperly Labeled	<input checked="" type="checkbox"/>	()	Labeled "Waste Oil"
Open/Poorly Closed	()	<input checked="" type="checkbox"/>	
Damaged/Poor Condition	()	<input checked="" type="checkbox"/>	
Leaking/Evidence of Past Leaks	()	<input checked="" type="checkbox"/>	
Inadequate Aisle Space	()	()	N/A Not hazardous waste
Evidence of Incompatibility	()	<input checked="" type="checkbox"/>	

General Information	Yes	No	Comments
Is Area Inspected	()	()	N/A - Not hazardous waste
Security Provided	()	()	
Appropriate Warning Signs	()	()	
Spill Control and Safety Equipment	()	()	

Additional Observations (If Needed): _____

Were Photos Collected As Documentation? () No ☒ Yes: _____Screening QuestionAny Evidence of Spills, Releases or Other Situations With Real or Potential Harm to the Environment?
<Significance Based on Amount and Type of Release, As Well As Potential of Affecting the Surrounding Area>
() N/A (☒) No () Unsure () Yes _____ > CONDUCT FULL CEI

SMITHWAY MOTOR XPRESS, INC.
Fort Dodge, Iowa

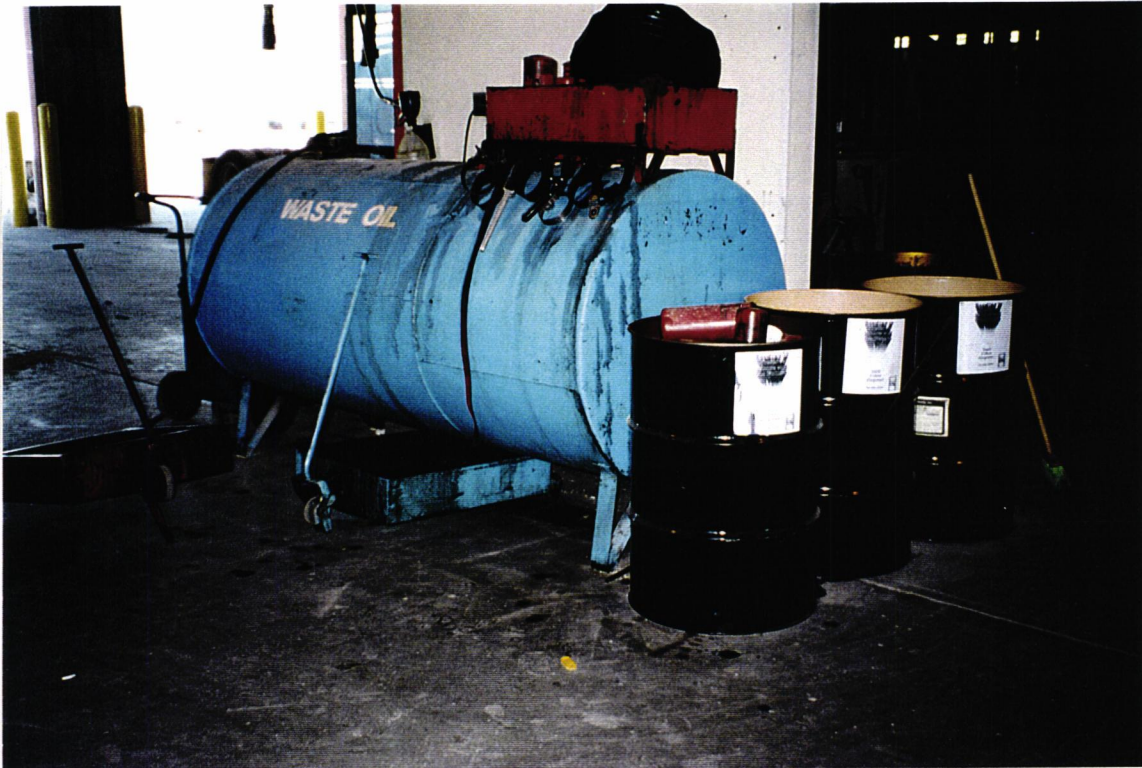


Photo No: 1 Direction Facing: Northwest Photographer: Lisa K. Wilson
Date: 07/23/98; 1110 Description: 500-gallon used oil tank labeled "waste oil" instead of "used oil." The 55-gallon drums contained punctured used oil filters that had been hot drained.



Photo No: 2 Direction Facing: Northwest Photographer: Lisa K. Wilson
Date: 07/23/98; 1217 Description: Southeast corner of office building as viewed from south entrance to facility along Quail Avenue.

SMITHWAY MOTOR XPRESS, INC.
Fort Dodge, Iowa



Photo No: 3 Direction Facing: Southwest Photographer: Lisa K. Wilson
Date: 07/23/98; 1218 Description: Maintenance garage (one building that appears to be two buildings) as viewed from south
entrance to facility along Quail Avenue.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
726 MINNESOTA AVENUE
KANSAS CITY, KANSAS 66101

USED OIL INSPECTION FORM

Company Name	Smithway Motor Xpress, Inc.	EPA Identification Number	JAD062776083
Address & Zip	2031 Quail Ave. Fort Dodge, IA. 50501	Telephone Number	(515)-576-7418
		Fax Number	(515) 576-8794
Company Contact	Douglas D. Maxson	Title	Safety Manager.
Investigator	Bryce Tobyne	Investigation Date	07/23/98
At This Location Since	1956		
Number Of Employees	250-260 shop office, 500 truck drivers RET		
Facility Size	24 Acres, 5 buildings		
Business Type	OTR Truckline Maintenance and Corporate Office		
Used Oil Management Activities	Generator		
1	Describe How Used Oil Filters Are Generated		
	Engine oil changes		
2	Used Oil Filter Generation Rate		
	25/week approximately		

RECYCLE ♻️

3	Describe How Used Oil Filters Are Drained & Managed On-site (Obtain Photographic Documentation)
	Functioned and not drained
4	How & Where Are Used Oil Filters Disposed Of? (Obtain Written Documentation)
	Picked up by D&D recycling
5	Amount of Used Oil Filters On-site
	Approximately 100
6	List the Processes That Generate Used Oil
	Engine oil changes in company trucks
7	Describe How the Used Oil Generated from Each Process Is Managed On-site
	Collected in drain pans and pumped into storage tank
8	Used Oil Generation Rate
	3500 gal./year

9	State the Number and Size of Used Oil Storage Containers and Tanks On-site & the Amount of Used Oil in Each Tank and Container
	1- 500 gallon steel aboveground tank inside shop - containing 200 gallons of used oil
10	State How Each Tank and Container Containing Used Oil Is Labeled
	"Waste Oil"
11	For Each Tank and Container Containing Used Oil That Is Not in Good Condition. Describe the Condition of the Container /Tank (Obtain Photographic Documentation)
	N/A
11a	Describe Any Secondary Containment (Obtain Photographic Documentation)
	Concrete shop floor

12	Describe Any Used Oil Spills or Staining Found On-site (Obtain Photographic Documentation)
	N/A
13	Describe Used Oil/Hazardous Waste Mixing Activities
	60 gal. per week used
14	Is used oil burned in on-site space heater? No
	If So State How Much Used Oil Is Burned per Year, the Design Capacity of the Space Heater, and If the Heater Combustion Gases Are Vented to the Outside
	N/A

15	State Name, Address, Telephone Number, & Epa Identification Number of the Transporter That Picks up the Used Oil (Obtain Written Documentation)	
Company Name <i>JEBRO Inc.</i>		EPA Identification Number <i>IAD 020201604</i>
Address <i>2303 Bridgeport Dr.</i>		Telephone Number <i>1-800-831-8037</i>
& Zip <i>Sioux City, IA 51111</i>		
Company Name		EPA Identification Number
Address		Telephone Number
& Zip		
16	If used oil is collected under a tolling arrangement, obtain a copy of the agreement/contract.	
	<i>NA</i>	
17	Describe generator used oil self- transportation activities	
	<i>NA</i>	
18	State the amount of used oil collected from do-it-yourselfers per month	
	<i>None</i>	

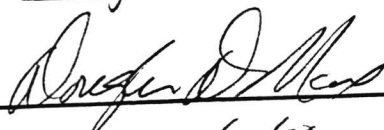
19	State the amount of used oil collected from businesses per month		
	None		
20	If Used Oil Is Collected from Other Businesses. Obtain a Copy of the Registration/ Permit/ License/ Authorization from the State / County/ Municipal Government That Allows the Company to Run a Used Oil Collection Center.		
	NA		
	If No Such Documentation Is Available. Please State Such:		
21	If Used Oil Is Collected from Other Businesses. Are Shipments of Greater than 55 Gallons Accepted?		
	NA		
	If So State the Following for Each Such Business:		
	Business Name	Telephone #	
	Address & Zip	Contact Name	
	Name	Telephone #	
	Address & Zip	Contact Name	
	Name	Telephone #	
	Address & Zip	Contact Name	
	Name	Telephone #	
	Address & Zip	Contact Name	

LIST OF HANDOUTS PROVIDED TO THE FACILITY:

- | | |
|---|---|
| 1 | Assistance/Information Handout |
| 2 | Used Oil Filter Study Summary/Used Oil Filters Management Information |
| 3 | Copy of 40 CFR 261.(b)(13) |
| 4 | Iowa Waste Reduction Center Pamphlet |
| | |
| | |
| | |
| | |
| | |

I have read the above information, which was provided to the investigator. I certify that such information is true, accurate, and complete. I am aware that providing false information to the government is a criminal offense and that I can be fined and or imprisoned for doing so.

Printed Name Douglas D. MAXSON

Signature 

Date 7/23/98

REGION VII MULTIMEDIA SCREENING CHECKLIST

7 9 18
TAD062776053

Facility: Smithway Motor Xpress, Inc. Facility Ownership: William G. Smith Inspector: Bryce Tobynne
Address: 2031 Quail Ave Facility Contact: Douglas D. Maxson Primary Media: RCRA
Fort Dodge, IA 50501 Phone: 515-576-7413 SIC code: 4213 Date: 6/23/98
County: Webster Section: _____ Number of Employees: 190 support staff, 500 drivers
Township: _____ Range: _____ Work Schedule/Hr: 24 hrs. 5 days/wk plus 8 hrs Sunday

- Are there any permits or registrations in the following areas? [Please indicate → Federal = F, State = S, Local = L]
NPDES: wastewater () pretreatment (). 404-Wetlands () UIC () UST () PWS () RCRA () TRI () CAA () Other ()
Describe: None
- What does the facility do? Operates truck line maintenance shop
- What raw materials are used? No raw materials
- What fuels are used? Natural gas for heat, diesel fuel for trucks
- Provide brief process description: Change vehicle oil, some truck painting, vehicle air conditioning repair (no CFCs)
- What major processes are used? Blending ☐ Mixing ☐ Reacting ☐ Distilling ☐ Filtering ☐ Separating ☐ Formulating ☐
Machining ☐ Fabricating ☐ Printing ☒ Coating: Water-based ☐, Solvent-based ☒ Electroplating: Chrome ☐, Other _____
Electroless plating, Type _____. Degreasing: Water-based ☐, Halogenated solvent-based ☐, Non-halogenated solvent-based ☒.
Assembly ☐ Laboratory Analysis ☐ Combustion ☐ Other _____
- Describe each waste generated by the facility: Is The Waste Hazardous?

Waste Name	Generation Process	Est. Quantity Per Month	Final Disposition of Waste	How Long Stored	No	Yes	Don't know
Parts washing solvent	Cleaning parts washer	20 gal/month	Used oil collector	NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Paint waste	Cleaning paint guns	20-35 gal.	Off-site TSD	Less than 30 days	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Paint filters	Changing paint booth filters	12-15 lbs	Sanitary landfill	NA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used oil	Engine oil changes	3500 gal/year	Used oil collector	NA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL JUSTICE

- Describe surrounding area (check all that apply): Industrial ☒ Business ☒ Residential ☐ Rural ☐ Abandoned/Dilapidated Properties ☐
- Income & proximity to other property: Low ☐ Low-moderate ☐ Moderate-high ☒ Proximity: 0-10' ☐ 10-100' ☐ 100-1000' ☒
- Potential access to facility hazards by children and public? Easy access ☐ Moderately difficult access ☐ Very difficult access ☒

NPDES - National Pollution Discharge Elimination System, UIC - Underground Injection Control, PWS - Public Water Supply

1. How are wastewaters handled?	None	On-site Treatment	Municipal Sewer	Storm Sewer	Surface Water	Septic	Injection Well	Land
Process wastewater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-contact wastewater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

- Did you see any wastewater discharges not identified by the facility? No ☒ Yes ☐ Location of discharge: _____
Appearance of discharge: _____ (PHOTO ☐)
- What is the source of the facility's process water? Rural/Municipal ☐ Private well ☐ Pond ☐ River ☐ Other ☒ NA
- What is the source of the facility's drinking water? Rural/Municipal ☒ Private well ☐ Pond ☐ River ☐ Other ☐
- What is the source of drinking water for the area around the facility? Rural/Municipal ☒ Private well ☐ Don't know ☐
- Is public water source (e.g., Rural/Municipal/Private well, etc.) protected by a backflow prevention device? No ☐ Yes ☒ Don't know ☐

WETLANDS

- Are there any surface water bodies (e.g., ponds, streams, lakes, rivers, etc.) or temporarily wet areas that have been disturbed by filling, waste disposal, ditching, excavation, damming, dredging, etc.? No ☒ Yes ☐ Don't know ☐ Describe/locate: _____ (PHOTO ☐)

2. Is there any dust leaving the property? No ☒ Yes ☐ Source: _____ Time: 1:30 (PHOTO ☐)
3. In the past 2-3 years, has the facility modified or installed any new air emission points? No ☒ Yes ☐
Describe: _____. Was a permit obtained? No ☐ Yes ☐ Permit No. _____
4. Do stationary air conditioning or refrigeration units that contain: less than 50lbs refrigerant/unit ☒ more than 50 lbs refrigerant/unit ☐ or both ☐
Are these units: Self-serviced? ☐ Contract Serviced? ☒ → Service Company: Morrell's 204 Central Ave. El. Dodge, IN
5. Are motor vehicle air conditioning systems: Self-serviced? ☒ Contract Serviced? ☐ → Service Company: _____

RCRA - Resource Conservation And Recovery Act & UST's - Underground Storage Tanks

1. Are there any of the following on-site waste management activities? Treatment ☐ Storage ☒ Burning ☐ Landfills ☐
Surface impoundments ☐ Recycling ☐ → Are recyclables stored more than one year? No ☐ Yes ☐ Don't know ☐
2. Is wastewater sludge generated? No ☒ Yes ☐ → Is it hazardous? No ☐ Yes ☐ Don't know ☐
Where does the sludge go? Hazardous waste disposal site ☐ Off-site landfill ☐ On-site landfill ☐ Land applied ☐
3. Is used oil generated? No ☐ Yes ☒ → Are the containers labeled "Used Oil"? No ☒ Yes ☐ Labeled "Waste" (PHOTO ☒)
4. Are any hazardous waste containers or tanks leaking, open, or not labeled? No ☒ Yes ☐
Describe: _____ (PHOTO ☐)
5. Are there any signs of past spills or releases (e.g., dead/stressed vegetation, stains, discoloration)? No ☒ Yes ☐
Describe: _____ (PHOTO ☐)
6. Are there any past or present underground storage tanks that contain petroleum, waste oil, or hazardous substances? No ☒ Yes ☐
7. Are there any underground fuel storage tanks for emergency generators? No ☒ Yes ☐
8. Do any of the chemical, industrial, or hazardous waste handling procedures concern you? No ☒ Yes ☐ (PHOTO ☐)
Describe: _____

TITLE III-EPCRA-Emer. Planning & Community Right to Know Act, SEC. 5 TSCA-Toxic Substances Control Act & PCB's-Polychlorinated Biphenyls

1. Have Toxic Chemical Release Forms (Form R's) been submitted under Section 313 of EPCRA? No ☒ Yes ☐ [must have >10 employees to apply]
2. Have hazardous chemical inventory forms (Tier II forms) ever been submitted under Section 312 to local Emergency Planning Committees or fire department? No ☐ Yes ☒ If no, describe chemicals and volumes stored: _____
3. Does facility import or manufacture a chemical substance? No ☒ Yes ☐ Describe type and intended use: _____
4. Is there any equipment in service containing PCB's >500 ppm? No ☒ Yes ☐ Don't Know ☐ Is it leaking or not labeled? No ☐ Yes ☐
5. Is there any equipment in storage containing PCB's >50 ppm? No ☒ Yes ☐ Don't know ☐ Is it leaking or not labeled? No ☐ Yes ☐

SPCC - Spill Prevention Control and Countermeasure Plan:

1. Are there above ground tanks that store oil (petroleum, synthetic, animal, fish, or vegetable): In a single tank >660 gallons or in tanks with an aggregate volume >1320 gallons? No ☐ Yes ☒ → Is there an SPCC Plan? No ☒ Yes ☐ Is there secondary containment? No ☐ Yes ☒
2. Are the tanks leaking or threatening to leak into waters of the State or U.S.? No ☒ Yes ☐
Describe: _____ (PHOTO ☐)

FIFRA - Federal Insecticide, Fungicide, and Rodenticide Act

1. Does the facility manufacture, repackage, or apply pesticides? No ☒ - STOP HERE Yes ☐
Are rinsates handled in an environmentally sound manner? No ☐ Yes ☐ Describe: _____ (PHOTO ☐)
2. Do workers use personal protective equipment (gloves, long sleeve shirts, coveralls) when mixing/loading? No ☐ Yes ☐
Describe: _____

*** PLEASE TAKE PHOTOS TO DOCUMENT POTENTIAL PROBLEMS**

DATE: 01/23/98ACTIVITY #: ✓FACILITY: Smithway Motor Express, Inc.INSPECTOR: Bryce TohyneADDRESS: 2031 Quail Ave.OWNER/OPERATOR NAME: William G. SmithFort Dodge, IA 50501CONTACT NAME: Douglas D. MaxsonTELEPHONE #: 515-576-7418

1. Does facility have refrigeration/AC units containing greater than 50# CFC/HCFCs?

Yes No ✓ Don't know

2. How does facility determine full charge (Check all that apply):

a. Measure b. Calculate c. Manufacturer's info d. Other Contracted

3. Facility units classification: (Check all that apply)

 Commercial (i.e. supermarkets, restaurants, cold storage, typically >75#) Industrial (i.e. chemical, manufacturing industries, industrial ice machines)✓ Comfort cooling Other: Specify 4. Who does service, maintenance and repair of units? In-house Contracted ✓If contracted: Name Marrell Co. Phone 575 955-1515Address 204 Central AveFort Dodge IA 505015. Does the facility have recovery/recycling unit? Yes No NA ✓Type Brand Model Serial number

a. Is recovery/recycling unit compatible with appliance and refrigerant?

Yes No NA

(Check label, get photograph if possible) See labeling requirement @82.158(h).

b. Has facility submitted recovery/recycling equipment certification form to EPA?

Yes No NA

c. Does facility have copy of certification?

Yes No NA

**MOTOR VEHICLE AIR CONDITIONING RECOVERY/RECYCLING
COMPLIANCE PROGRAM**

page 2 of 2

FAD062776083

Inspector's Name: <u>Bryce Tobyne</u>		Date: <u>7/23/98</u>		Time: <u>0900</u>	
Name of Facility: <u>Smithway Motor Xpress, Inc.</u>		Phone Number <u>(515) 576-7418</u>			
Facility STREET Address: <u>2031 Quail Ave.</u> City: <u>Fort Dodge</u> State: <u>IA</u> zip code: <u>50501</u>		Facility MAILING Address: <u>P.O. Box 404</u> City: <u>Fort Dodge</u> State: <u>IA</u> zip code: <u>50501</u>			
Contact Person & Position <u>Douglas D. Maxson</u>		Phone Number <u>(515) 576-7418</u>			
Owner: <u>William G. Smith</u>		Phone Number <u>(515) 576-7418</u>			
FACILITY DESCRIPTION:					
Reg/Natl. Service Chain:		Dealership:			
Independent Shop:		Filling Station:			
Fleet Garage: <input checked="" type="checkbox"/>		Other			
Does Your Business Service Motor Vehicle Air Conditioners:		YES - <input checked="" type="checkbox"/>		NO -	
Is Recovery or Recycling Equipment Present?		YES - <input checked="" type="checkbox"/>		NO -	
Equipment Label	NONE	UL <input checked="" type="checkbox"/>	ARI	ETL	
Are all A/C Technicians Certified by an Accredited Program and Proof of Certification Available on Site:		YES - <input checked="" type="checkbox"/>		NO -	
Number of Technicians Certified		# <u>5</u>			
Did Inspector Observe A/c Work in Progress?		YES - <input checked="" type="checkbox"/>		NO -	
Did Inspector Observe Venting of Refrigerant?		YES -		NO - <input checked="" type="checkbox"/>	

COMMENTS:

Only 134A refrigerant now used in vehicle
air conditioning systems

Facility Representative (print) <u>DOUGLAS D. MAXSON</u>	Signature/Date <u>Douglas D. Maxson</u> <u>7/23/98</u>
Inspector (print) <u>Bryce L. Tobyne</u>	Signature/Date <u>Bryce L. Tobyne</u> <u>7/23/98</u>

**THERE IS NO RCRIS HANDLER INFORMATION SHEET INCLUDED IN THIS REPORT
BECAUSE IT WAS LEFT AT THE FACILITY TO RETURN TO EPA.
TETRA TECH HAS ATTEMPTED NUMEROUS CALLS TO THE FACILITY
TO INQUIRE ABOUT THE HANDLER SHEET; HOWEVER, NO RESPONSE HAS BEEN RECEIVED.**